

Fill in this information to identify the case:

Debtor name Fairfax OB-GYN Associates, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 21-11205-BFK

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 14, 2021

X /s/ Vincent Bradley

Signature of individual signing on behalf of debtor

Vincent Bradley

Printed name

President

Position or relationship to debtor

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 955,865.61

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 955,865.61

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 125,970.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 1,211,926.96

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 1,337,896.96

Fill in this information to identify the case:Debtor name Fairfax OB-GYN Associates, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIACase number (if known) 21-11205-BFK☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. PNC BankChecking7333\$136,276.253.2. US BankChecking3209\$111,544.18**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$247,820.43**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Landlord security deposit for Gainesville, VA practice location: \$15,000Unknown7.2. Landlord security deposit for Dulles, VA practice location: \$21,688.50Unknown

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7.3. Landlord security deposit for Woodbridge, VA practice location: \$5,320 Unknown

7.4. Deposit with Athena Health for EMR (electronic medical records) implementation: \$4,900 Unknown

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. Anticipated rebate from Medical Protective upon cancellation of malpractice insurance policy \$6,209.00

8.2. Anticipated rebate from The Hartford upon cancellation of business insurance policy Unknown

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$6,209.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 198,987.09 - 0.00 = \$198,987.09
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 449,695.22 - 0.00 = \$449,695.22
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$648,682.31

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

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	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	IUD inventory	5/3/21	\$0.00		\$22,908.95

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$22,908.95

24. **Is any of the property listed in Part 5 perishable?**

☒ No

☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
	See attached list of office furniture and equipment	\$0.00		\$30,000.00

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$30,000.00

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44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Pending counterclaim against Leonard A. Rosen, M.D.

Unknown

Nature of claim Injunction and breach of contract
claims of at least \$214,029 plus
amounts TBD

Amount requested \$214,029.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

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Credit balance with Merck \$244.92

Nature of claim

Amount requested \$0.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$244.92

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$247,820.43	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$6,209.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$648,682.31	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$22,908.95	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$30,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$244.92	
91. Total. Add lines 80 through 90 for each column	\$955,865.61	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$955,865.61

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☐ Yes. Fill in all of the information below.

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Commonwealth of Virginia Dept. of Taxation Legal Unit, P.O. Box 2156 Richmond, VA 23218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$125,970.00	\$125,970.00
	Date or dates debt was incurred 2015-2020	Basis for the claim: Sales taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address Adriana Hincapie 22050 Eastside Dr., Apt. #525 Ashburn, VA 20147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$241.30
3.2	Nonpriority creditor's name and mailing address Advantia Health 1001 19th St., Suite 1001 Arlington, VA 22209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan for working capital</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,173,910.00

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3.3	Nonpriority creditor's name and mailing address Alexis Reyes Accent P.O. Box 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$824.67
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3.4	Nonpriority creditor's name and mailing address Ali Fardows 3949 Rosebay Ct. Fairfax, VA 22033 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.00
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3.5	Nonpriority creditor's name and mailing address American Express P.O. Box 1270 Newark, NJ 07101 Date(s) debt was incurred _____ Last 4 digits of account number <u>1007</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$228.00
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3.6	Nonpriority creditor's name and mailing address AT&T P.O. Box 6463 Carol Stream, IL 60197-6463 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$705.60
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3.7	Nonpriority creditor's name and mailing address Bayer P.O. Box 10435 Palatine, IL 60055-0435 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,537.13
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3.8	Nonpriority creditor's name and mailing address Canon Financial Services, Inc. 14904 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred <u>8/6/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.9	Nonpriority creditor's name and mailing address CAR Associates 7500 Iron Bar Ln., Suite 219 Gainesville, VA 20155 Date(s) debt was incurred <u>3/1/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commerical lease obligation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.10	Nonpriority creditor's name and mailing address Cassandra Oliver Croswell Accent P.O. Box 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$924.67
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3.11	Nonpriority creditor's name and mailing address CH Realty VII/O NoVa Atlas LLC c/o Peterson Management L.C. 12500 Fair Lakes Cir., #400 Fairfax, VA 22033 Date(s) debt was incurred <u>7/22/08 (2nd amendment on 8/1/18)</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commercial lease obligation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.12	Nonpriority creditor's name and mailing address Colleen Danielson 7054 Kona Dr. Gainesville, VA 20155 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.95
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3.13	Nonpriority creditor's name and mailing address Comcast P.O. Box 37601 Philadelphia, PA 19101-0601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,402.42
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3.14	Nonpriority creditor's name and mailing address Cynthia Hurrell Accent P.O. Box 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$972.58
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3.15	Nonpriority creditor's name and mailing address Dallas Johnson Hood Healthkeepers P.O. Box 933657 Atlanta, GA 31193-3657 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.23
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3.16	Nonpriority creditor's name and mailing address GE Medical Systems Ultrasound & Primary Care Diagnostics LLC 75 Remittance Dr., Suite 1080 Chicago, IL 60675-1080 Date(s) debt was incurred <u>4/20/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.17	Nonpriority creditor's name and mailing address Haley Streighttiff Healthkeepers P.O. Box 933657 Atlanta, GA 31193-3657 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$57.79</u>
3.18	Nonpriority creditor's name and mailing address HandCraft Linen 2828 Cofer Rd. Richmond, VA 23224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.19	Nonpriority creditor's name and mailing address Hannah Huffman 12356 Valley View Dr. Nokesville, VA 20181 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50.00</u>
3.20	Nonpriority creditor's name and mailing address Heather Kelly 3501 Joy Ct. Warrenton, VA 20187 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$123.83</u>
3.21	Nonpriority creditor's name and mailing address Hillary Spring 12134 Stirrup Rd. Reston, VA 20191 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential malpractice claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.22	Nonpriority creditor's name and mailing address Iron Mountain P.O. Box 27128 New York, NY 10087-7218 Date(s) debt was incurred <u>May-June 2021</u> Last 4 digits of account number <u>M29P</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shredding services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$349.23</u>
3.23	Nonpriority creditor's name and mailing address Jamie Keys APWU Health Plan P.O. Box 1358 Glen Burnie, MD 21060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,988.19</u>

Debtor	Fairfax OB-GYN Associates, Inc. <small>Name</small>	Case number (if known)	21-11205-BFK
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3.24	Nonpriority creditor's name and mailing address Jamie Logwood 9905 Evans Rd. Manassas, VA 20111 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.97
3.25	Nonpriority creditor's name and mailing address Kassandra Barthy Healthkeepers P.O. Box 933657 Atlanta, GA 31193-3657 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.34
3.26	Nonpriority creditor's name and mailing address Krystalynn Paz Healthkeepers Billing/Refunds P.O. Box 27100 Belfast, ME 04915 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,041.50
3.27	Nonpriority creditor's name and mailing address Leonard A. Rosen, M.D. 840 Woodland Hills Ln. Fairfax Station, VA 22039 Date(s) debt was incurred <u>3/1/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Breach of Physician Employment Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.28	Nonpriority creditor's name and mailing address Marianne Johnson Accent P.O. Box 952366 Saint Louis, MO 63195-2366 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$927.15
3.29	Nonpriority creditor's name and mailing address Mia Donnan Stephen Duffey 13228 Dunnegan Head Pl. Bristow, VA 20136 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$581.00
3.30	Nonpriority creditor's name and mailing address Mundi G. Address unknown Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$466.90

Debtor	Fairfax OB-GYN Associates, Inc. <small>Name</small>	Case number (if known)	21-11205-BFK
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3.31	Nonpriority creditor's name and mailing address Nadia Khanom 8936 Yellowleg Ct. Gainesville, VA 20155 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$597.63
3.32	Nonpriority creditor's name and mailing address NextGen Healthcare, Inc. 3525 Piedmont Rd., NE Building 6, Suite 700 Atlanta, GA 30305 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>License fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$883.84
3.33	Nonpriority creditor's name and mailing address Nicole Harrison Address unknown Date(s) debt was incurred _____ Last 4 digits of account number <u>5359</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$366.86
3.34	Nonpriority creditor's name and mailing address Nicolle Duffy 8095 Lacy Dr., Apt. #303 Manassas, VA 20109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298.81
3.35	Nonpriority creditor's name and mailing address Niruthya Venkatesan 4601 Whittemore Pl. Fairfax, VA 22030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential malpractice claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.36	Nonpriority creditor's name and mailing address Noah Guerra Healthkeepers P.O. Box 933657 Atlanta, GA 31193-3657 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.23
3.37	Nonpriority creditor's name and mailing address OBHG P.O. Box 16717 Greenville, SC 29606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Fairfax OB-GYN Associates, Inc.
Name

Case number (if known) 21-11205-BFK

3.38	Nonpriority creditor's name and mailing address Pure Health P.O. Bopx 742647 Cincinnati, OH 45274 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.39	Nonpriority creditor's name and mailing address Regina Adams 2128 Golf Course Dr. Reston, VA 20191 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.40	Nonpriority creditor's name and mailing address Secure Waste P.O. Box 457 Damascus, MD 20872 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.41	Nonpriority creditor's name and mailing address SP Fairfax 3650, LLC c/o Seavest Healthcare Prop 707 Westchester Ave., #401 White Plains, NY 10604 Date(s) debt was incurred <u>2/28/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commerical lease obligation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.42	Nonpriority creditor's name and mailing address StoneSprings Medical Office Building Property, LLC 24440 Stone Springs Blvd. Haymarket, VA 20168 Date(s) debt was incurred <u>8/24/17</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commercial lease obligation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.43	Nonpriority creditor's name and mailing address Tiffany Demas 9466 Merrimont Trace Cir. Bristow, VA 20136 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.44	Nonpriority creditor's name and mailing address Vivian Soliman 8491 Stonewall Rd. Manassas, VA 20110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.14

Debtor <u>Fairfax OB-GYN Associates, Inc.</u> <small>Name</small>	Case number (if known) <u>21-11205-BFK</u>
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3.45 Nonpriority creditor's name and mailing address WorldSmart/Pan Terra 4655 Old Ironsides Dr. Suite 300 Santa Clara, CA 95054 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>Unknown</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Phone vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	CBRE, Inc. Attn: Real Estate Manager 7650 E. Parham Rd., Suite 225 Richmond, VA 23294	Line <u>3.42</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.2	CH Realty VII/O NoVA Atlas LLC Attn: Asset Manager 3819 Maple Ave. Dallas, TX 75219	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.3	GE Healthcare Attn: General Counsel 9900 W. Innovation Dr. Wauwatosa, WI 53226	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.4	HCA Inc. Attn: VP, Real Estate One Park Plaza Nashville, TN 37203	Line <u>3.42</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.5	Jennifer A. Brust, Esq. Bean, Kinney & Korman, P.C. 2311 Wilson Blvd., 5th Fl. Arlington, VA 22201	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.6	Kleinberg, Kaplan, et al. Attn: Andrew M. Chonoles, Esq. 551 Fifth Ave. New York, NY 10176	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.7	Leonard A. Rosen, M.D. 840 Woodland Hills Ln. Fairfax Station, VA 22039	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a. \$	125,970.00
5b. Total claims from Part 2	5b. + \$	1,211,926.96
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	5c. \$	1,337,896.96

Fill in this information to identify the case:

Debtor name Fairfax OB-GYN Associates, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 21-11205-BFK

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Debtor is party to an equipment lease with this entity, at the rate of \$662.17/mo. Thru 8/5/23 	Canon Financial Services, Inc. 14904 Collections Center Dr. Chicago, IL 60693
2.2.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Debtor is a tenant under a commercial lease with this party that expires on 3/1/26, at the rental rate of \$5,320/mo. Thru 3/1/26 	CAR Associates 7500 Iron Bar Ln., Suite 219 Gainesville, VA 20155
2.3.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Debtor is a tenant under a commercial lease with this party that expires on 5/31/29, at the current rental rate of \$10,780.15/mo. Thru 5/31/29 	CH Realty VII/O NoVa Atlas LLC c/o Peterson Management L.C. 12500 Fair Lakes Cir., #400 Fairfax, VA 22033
2.4.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Debtor is party to an employment agreement with this doctor 	Dr. Robert Castle, M.D. 14501 Swordale Ln. Bristow, VA 20136

Debtor 1 Fairfax OB-GYN Associates, Inc.

Case number (if known) 21-11205-BFK

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Debtor is party to an equipment lease with this entity, at the rate of \$4,071.93/mo. Thru April 2023	GE Medical Systems Ultrasound & Primary Care Diagnostics LLC 75 Remittance Dr., Suite 1080 Chicago, IL 60675-1080
2.6.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Debtor is party to an equipment rental agreement with this entity, at the rate of \$316.38/mo. Thru February 2025	Pure Health P.O. Box 742647 Cincinnati, OH 45274
2.7.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Debtor is a tenant under a commercial lease with this party that expires on 4/30/29, at the rental rate of \$10,545.56/mo. Thru 4/30/29	SP Fairfax 3650, LLC c/o Seavest Healthcare Prop 707 Westchester Ave., #401 White Plains, NY 10604
2.8.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Debtor is a tenant under a commercial lease with this party that expires on 1/1/28 at the current rental rate of \$11,852.58/mo. Thru 1/1/28	StoneSprings Medical Office Building Property, LLC 24440 Stone Springs Blvd. Haymarket, VA 20168
2.9.	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Debtor is party to a service agreement with this entity, at the annual rate of \$5,000 Thru 2/28/22	Trice Imaging 1343 Stratford Ct. Del Mar, CA 92014

Fill in this information to identify the case:

Debtor name Fairfax OB-GYN Associates, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 21-11205-BFK

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Advantia Health

1001 19th St., Suite 1001
Arlington, VA 22209

GE Medical Systems
Ultrasound

☐ D _____
☒ E/F 3.16
☐ G _____

Fill in this information to identify the case:

Debtor name Fairfax OB-GYN Associates, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) 21-11205-BFK

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2021 to Filing Date

☒ Operating a business
☐ Other _____

\$1,477,162.00

For prior year:
From 1/01/2020 to 12/31/2020

☒ Operating a business
☐ Other _____

\$4,748,688.00

For year before that:
From 1/01/2019 to 12/31/2019

☒ Operating a business
☐ Other _____

\$6,469,391.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor Fairfax OB-GYN Associates, Inc.Case number (if known) 21-11205-BFK

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Ayatallah Khafagy, M.D. 13648 Endeavour Dr. Herndon, VA 20171	5/28/21	\$27,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Severance payment</u>
3.2. Dr. Robert Castle, M.D. 14501 Swordale Ln. Bristow, VA 20136	6/11/21	\$40,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Severance payment</u>
3.3. Melodi Wilson 22207 Falling Ter. Ashburn, VA 20148	5/28/21	\$13,472.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Severance payment</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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Debtor Fairfax OB-GYN Associates, Inc.Case number (if known) 21-11205-BFK

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Leonard A. Rosen, M.D. v. Fairfax OB-GYN Associates, Inc. et al. Case No. 2020-06746	Civil action	Fairfax County Circuit Court 4110 Chain Bridge Rd. Fairfax, VA 22030	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Tyler, Bartl & Ramsdell, P.L.C. 300 N. Washington St., Suite 310 Alexandria, VA 22314	\$10,000, plus \$363 in applicable filing fees and bank fees	6/7/21	\$10,363.00

 Email or website address

 Who made the payment, if not debtor?
12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

Debtor Fairfax OB-GYN Associates, Inc.Case number (if known) 21-11205-BFK☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	Fairfax OB-GYN Associates 3650 Joseph Siewick Dr., Suite 203 Fairfax, VA 22033	Womens' healthcare Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. In office and in Greenway electronic health records	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.2.	Fairfax OB-GYN Association 7500 Iron Bar Ln., Suite 219 Gainesville, VA 20155	Womens' healthcare Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. In office and in Greenway electronic health records	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.3.	Fairfax OB-GYN Association 2028 Opitz Blvd., Suite A Woodbridge, VA 22191	Womens' healthcare Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. In office and attic, and in Greenway electronic health records	How are records kept? <i>Check all that apply:</i>

Debtor Fairfax OB-GYN Associates, Inc.

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Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.4. Fairfax OB-GYN Association 24430 Stone Springs Blvd., Suite 215 Sterling, VA 20166	Womens' healthcare	<input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <u>In office and in Greenway electronic health records</u>	How are records kept? <i>Check all that apply:</i> <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Patient health care records which include name, date of birth, and health information

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor Fairfax OB-GYN Associates, Inc.Case number (if known) 21-11205-BFK☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

Debtor Fairfax OB-GYN Associates, Inc.Case number (if known) 21-11205-BFK**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Advantia Health finance team 1001 19th St., Suite 1001 Arlington, VA 22209	2018-present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Jackie Rosemond 1001 19th St., Suite 1001 Arlington, VA 22209	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Advantia Holdings of Maryland LLC	1001 19th St., Suite 1001 Arlington, VA 22209	Sole shareholder	100
Name	Address	Position and nature of any interest	% of interest, if any
Vincent Bradley	1001 19th St., Suite 1001 Arlington, VA 22209	President and Director	
Name	Address	Position and nature of any interest	% of interest, if any
Brandie Kalinowski	1001 19th St., Suite 1001 Arlington, VA 22209	Secretary	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

Debtor Fairfax OB-GYN Associates, Inc.

Case number (if known) 21-11205-BFK

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Kathy Kaluhiokalani	1001 19th St., Suite 1001 Arlington, VA 22209	Director	January 2021-3/23/21
Name	Address	Position and nature of any interest	Period during which position or interest was held
Ben Lundin	1001 19th St., Suite 1001 Arlington, VA 22209	President	August 2020-January 2021
Name	Address	Position and nature of any interest	Period during which position or interest was held
Nathan Barbour	1001 19th St., Suite 1001 Arlington, VA 22209	Secretary	April 2020-3/23/21
Name	Address	Position and nature of any interest	Period during which position or interest was held
Lisa Shah, MD	1001 19th St., Suite 1001 Arlington, VA 22209	President and Director	7/25/19-August 2020

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Debtor Fairfax OB-GYN Associates, Inc.

Case number (if known) 21-11205-BFK

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 14, 2021

/s/ Vincent Bradley
Signature of individual signing on behalf of the debtor

Vincent Bradley
Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes